Case 19-10760-amc Doc 8 Filed 02/06/19 Entered 02/06/19 14:27:17 Desc Main

CO FILE DEPT CLOCK VCENCEMENT

Page 1 Earnings Statement

Booz | Allen | Hamilton

8677-0002

BOOZ ALLEN HAMILTON INC 575 HERNDON PARKWAY HERNDON VA 20170 877-927-8278

Period Beginning: Period Ending:

01/01/2019 01/31/2019

Pay Date:

01/31/2019

Taxable Marital Status:

Exemptions/Allowances: Federal:

N/A PA:

WILLIAM J HARGENRADER 9217B JAMISON AVE PHILADELPHIA PA 19115

| -               |                         |             |              |
|-----------------|-------------------------|-------------|--------------|
| <u>Earnings</u> | rate hours              | this period | year to date |
| Regular         | 12642.75 173.33         | 12,642.75   | 12,642.75    |
|                 | Gross Pay               | \$12,642,75 | 12,642.75    |
| Deductions      | Statutory               |             |              |
|                 | Federal Income Tax      | -1,469.97   | 1,469.97     |
|                 | Social Security Tax     | -748 .77    | 748.77       |
|                 | Medicare Tax            | -175 .12    | 175.12       |
|                 | PA State Income Tax     | -370 .45    | 370.45       |
|                 | Philadelphia Income Tax | -490 .40    | 490.40       |
|                 | PA SUI/SDI Tax          | -7 .58      | 7.58         |
| •               | Other                   |             |              |
|                 | Ad &D                   | -19 .50     | 19.50        |
|                 | Dental Ins              | -23 .76*    | 23.76        |
| **              | Grp Accdnt Ins          | -16 .65*    | 16.65        |
|                 | H Sav Act-Aetna         | -200 .00*   | 200.00       |
|                 | Identity Theft          | -13 .95     | 13.95        |
|                 | Life Ins                | -30 .62     | 30.62        |
|                 | Pretax Med Ins          | -335 . 58*  | 335,58       |
|                 | 401Sv Pln Pr Tx         | -1 ,264,28* | 1,264.28     |
|                 | Net Pay                 | \$7,476.12  |              |
|                 | Checking                | -7 ,476.12  | -            |
|                 | Net Check               | \$0.00      |              |
|                 |                         |             | :            |

| Your federal | taxable | wages | this | period | are |
|--------------|---------|-------|------|--------|-----|
| \$10,802,48  |         |       |      |        |     |

| Other Benefits and       |             |               |
|--------------------------|-------------|---------------|
| Information              | this period | total to date |
| G.T.L.                   | 10.18       | - 10.18       |
| Pto Balance              | 96.30       |               |
| Employer Hsa             |             | 500.00        |
| Total Work Hrs           | 173.33      |               |
| Important Notes          |             |               |
| PTO & SICK TIME BALANCES | AS OF THE P | REVIOUSLY     |
| APPROVED TIMECARD        |             |               |
|                          |             |               |
|                          |             | 1             |
|                          |             |               |
|                          |             | •             |
|                          |             | •             |
|                          |             |               |

Booz | Allen | Hamilton

BOOZ ALLEN HAMILTON INC 575 HERNDON PARKWAY HERNDON VA 20170 877-927-8278

Deposited to the account of

Advice number:

00000058437

01/31/2019

ABA

account number

transit

XXXX XXXX

amount \$7,476.12

<sup>\*</sup> Excluded from federal taxable wages

# Case 19-19760-Annou Doc 8 000 19 Enter 2 19 Statement Sc Main Document Page 2 of 19

Booz | Allen | Hamilton

BOOZ ALLEN HAMILTON INC 575 HERNDON PARKWAY HERNDON VA 20170 877-927-8278

Period Beginning: Period Ending:

11/01/2018 11/30/2018

Pay Date:

11/30/2018

Taxable Marital Status: Exemptions/Allowances:

Federal:

PA:

N/A

WILLIAM J HARGENRADER 9217B JAMISON AVE PHILADELPHIA PA 19115

| Earnings   | rate hours              | this period                | year to date | •   |                     |               |  |  |  |
|------------|-------------------------|----------------------------|--------------|---|---------------------|---------------|--|--|--|
| Regular    | 12394.85 173.33         | 12,394.85                  | 69,996.03    | Net Check                                     |                     |               |  |  |  |
|            | Gross Pay               | \$12,394.85                | 69,996.03    | NOL GHECK                                     | 50.00               |               |  |  |  |
| Deductions | Statutory               |                            |              | * Excluded from fe                            | deral taxable wag   | ges .         |  |  |  |
|            | Federal Income Tax      | -1,482.15                  | 9,100.58     |   |                     |               |  |  |  |
|            | Social Security Tax     | ~745.49                    | 4,178.81     | Your federal taxab                            | ole wages this peri | od are        |  |  |  |
|            | Medicare Tax            | -174.35 977.30 \$10,775.64 |              |   |                     |               |  |  |  |
|            | PA State Income Tax     | -368.86                    | 2,067.25     | Other Benefits and                            |                     | •             |  |  |  |
|            | Philadelphia Income Tax | -480.73                    | 2,718.17     | Information                                   | this period         | total to date |  |  |  |
|            | PA SUI/SDI Tax          | -7.43                      | 41.93        | G.T.L.  | 8.88                | 62.16         |  |  |  |
|            | Other                   |                            |              | Pto Balance                                   | 70.30               |               |  |  |  |
|            | Ad &D                   | -19,50                     | 136.50       | Employer Hsa                                  | •                   | 500.00        |  |  |  |
|            | Dental Ins              | -19.98*                    | 139.86       | Er Hsa H&W                                    |                     | 800.00        |  |  |  |
|            | Grp Accdnt Ins          | -16.65*                    | 116.55       | Leav W/O Pay                                  |                     | -1,126.80     |  |  |  |
|            | H Sav Act-Aetna         | -33.33*                    | 233.31       | Total Work Hrs                                | 173.33              |               |  |  |  |
| *          | Identity Theft          | -13.95                     | 97.65        |   |                     |               |  |  |  |
|            | Life Ins                | -30.16                     | 211.12       |   |                     |               |  |  |  |
|            | Pretax Med Ins          | -309.76*                   | 2,168.32     | PTO & SICK TIME BALANCES AS OF THE PREVIOUSLY |                     |               |  |  |  |
|            | 401Sv Pin Pr Tx         | -1,239.49*                 | 1,239.49     |   | ICES AS OF THE PRI  | EVIOUSLY      |  |  |  |
|            | 401K Loan 1             |                            | 1,627.20     | APPROVED TIMECARD                             |                     |               |  |  |  |
| ·          | 401K Loan 2             |                            | 904.00       |   |                     |               |  |  |  |
|            | 401K Loan 3             |                            | 972.84       |   | 7                   |               |  |  |  |
|            | 401K Loan 4             | -                          | 1,090.60     |   |                     |               |  |  |  |
|            | 401K Loan 5             |                            | 640.41       |   |                     |               |  |  |  |
|            | Net Pay                 | \$7,453.02                 |              |   |                     |               |  |  |  |
|            | Checking                | -7,453.02                  |              |   |                     |               |  |  |  |

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BOOZ ALLEN HAMILTON INC 575 HERNDON PARKWAY HERNDON VA 20170 877-927-8278

Deposited to the account of

Advice number:

00000492894 11/30/2018

account number

transit ABA

amount

xxx8239

XXXX XXXX

\$7,453.02

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Booz | Allen | Hamilton

BOOZ ALLEN HAMILTON INC 575 HERNDON PARKWAY HERNDON VA 20170 877-927-8278

Period Beginning: Period Ending:

10/01/2018 10/31/2018

Pay Date:

10/31/2018

Taxable Marital Status:

Exemptions/Allowances:

Married

Federal: PA:

N/A

WILLIAM J HARGENRADER 9217B JAMISON AVE PHILADELPHIA PA 19115

|                   |                         |             |              | •                          |
|-------------------|-------------------------|-------------|--------------|----------------------------|
| <u>Earnings</u>   | rate hours              | this period | year to date |                            |
| Regular           | 12394.85 173.33         | 12,394.85   | 57,601.18    | * Excluded from fed        |
|                   | Gross Pay               | \$12,394.85 | 57,601.18    | " Excluded from 160        |
|                   |                         |             |              | Your federal taxable       |
| <b>Deductions</b> | Statutory               |             |              | \$12,015.13                |
|                   | Federal Income Tax      | -1,754.84   | 7,618.43     |                            |
|                   | Social Security Tax     | -745.49     | 3,433.32     | Other Benefits and         |
|                   | Medicare Tax            | -174.34     | 802.95       | Information                |
|                   | PA State Income Tax     | -368.86     | 1,698.39     | G.T.L.                     |
|                   | Philadelphia Income Tax | -480.73     | 2,237.44     | Pto Balance                |
|                   | PA SUI/SDI Tax          | -7.43       | 34.50        | Employer Hsa<br>Er Hsa H&W |
|                   | Other                   | <u> </u>    |              | Leav W/O Pay               |
|                   | Ad &D                   | -19.50      | 117.00       | Tatal Marte Slan           |
|                   | Dental Ins              | ~19.98*     | 119.88       | Total Work Hrs             |
|                   | Grp Accdnt Ins          | -16.65*     | 99.90        |                            |
|                   | H Sav Act-Aetna         | -33.33*     | 199.98       | Important Notes            |
|                   | Identity Theft          | -13.95      | 83.70        | PTO & SICK TIME BALANC     |
|                   | Life Ins                | -30.16      | 180.96       | APPROVED TIMECARD          |
|                   | Pretax Med Ins          | -309.76*    | 1,858.56     |                            |
|                   | 401K Loan 1             |             | 1,627.20     |                            |
|                   | 401K Loan 2             |             | 904.00       |                            |
|                   | 401K Loan 3             |             | 972.84       |                            |
|                   | 401K Loan 4             |             | 1,090.60     |                            |
|                   | 401K Loan 5             |             | 640.41       | •                          |
|                   | Net Pay                 | \$8,419.83  |              |                            |
|                   | Checking                | -8,419.83   |              |                            |
|                   | Net Check               | \$0.00      |              |                            |
|                   |                         |             |              |                            |

## deral taxable wages

le wages this period are

| this period | total to date |
|-------------|---------------|
| 8.88        | 53.28         |
| 56.30       | •             |
|             | 500.00        |
|             | 800.00        |
|             | -1,126.80     |
| 173.33      |               |
|             | 56.30         |

ICES AS OF THE PREVIOUSLY

Booz | Allen | Hamilton

BOOZ ALLEN HAMILTON INC 575 HERNDON PARKWAY HERNDON VA 20170 877-927-8278

Deposited to the account of

Advice number:

00000448389 10/31/2018

number

amount

xxx8239

XXXX XXXX

\$8,419.83

@ 2000 ADP. LLC

# Case 29-10700-4 Property Doc 8 000 Property Page 4 of 19 Statement Statement

Booz | Allen | Hamilton

BOOZ ALLEN HAMILTON INC 575 HERNDON PARKWAY HERNDON VA 20170 877-927-8278

Period Beginning: Period Ending:

09/01/2018 09/30/2018

Pay Date:

09/28/2018

Taxable Marital Status: Exemptions/Allowances:

Federal:

N/A

WILLIAM J HARGENRADER 9217B JAMISON AVE PHILADELPHIA PA 19115

| Earnings          | rate hours              | this period  | year to date |   |  |  |  |  |  |
|-------------------|-------------------------|--|--------------|---|--|--|--|--|--|
| Regular           | 12394 . 85              | 6,197.43   | 45,206.33    |   |  |  |  |  |  |
|                   | Gross Pay               | \$6,197.43   | 45,206.33    | * Excluded from federal taxable wages                   |  |  |  |  |  |
| <b></b>           |                         |  |              | Your federal taxable wages this period are              |  |  |  |  |  |
| <u>Deductions</u> | Statutory               |  | •            | \$5,817.71  |  |  |  |  |  |
|                   | Federal Income Tax      | -550.86  | 5,863.59     | Other Deposits and                                      |  |  |  |  |  |
|                   | Social Security Tax     | -361.25  | 2,687.83     | Other Benefits and                                      |  |  |  |  |  |
|                   | Medicare Tax            | -84.49   | 628.61       | Information this period total to date G.T.L. 8.88 44.40 |  |  |  |  |  |
|                   | PA State Income Tax     | -178.60  | 1,329.53     |   |  |  |  |  |  |
|                   | Philadelphia Income Tax | -240.21  | 1,756.71     | Employer Hsa 500.00                                     |  |  |  |  |  |
|                   | PA SUI/SDI Tax          | -3.70  | 27.07        | Er Hsa H&W 800.00                                       |  |  |  |  |  |
|                   | Other                   |  |              | Leav W/O Pay -1,126.80                                  |  |  |  |  |  |
|                   | Ad &D                   | -19.50   | 97.50        |   |  |  |  |  |  |
|                   | Dental Ins              | -19.98*  | 99.90        | Important Notes   |  |  |  |  |  |
|                   | Grp Accdnt Ins          | ~16.65*  | 83.25        | PTO & SICK TIME BALANCES AS OF THE PREVIOUSLY           |  |  |  |  |  |
|                   | H Sav Act-Aetna         | -33.33*  | 166.65       | APPROVED TIMECARD                                       |  |  |  |  |  |
|                   | Identity Theft          | -13.95   | 69.75        | •   |  |  |  |  |  |
|                   | Life Ins                | -30.16   | 150.80       |   |  |  |  |  |  |
|                   | Pretax Med Ins          | ~309.76*   | 1,548.80     |   |  |  |  |  |  |
|                   | 401K Loan 1             | -325.44  | 1,627.20     |   |  |  |  |  |  |
|                   | 401K Loan 2             | -180.80  | 904.00       |   |  |  |  |  |  |
|                   | 401K Loan 3             | -194.56  | 972.84       |   |  |  |  |  |  |
|                   | 401K Loan 4             | -218.12  | 1,090.60     |   |  |  |  |  |  |
|                   | 401K Loan 5             | -131.01  | 640.41       |   |  |  |  |  |  |
|                   | Net Pay                 | \$3,285.06   |              |   |  |  |  |  |  |
|                   | Checking                | -3,285.06  |              |   |  |  |  |  |  |
|                   | Net Check               | \$0.00   |              |   |  |  |  |  |  |
|                   |                         | A CONTRACTOR OF THE PROPERTY O |              |   |  |  |  |  |  |

Booz | Allen | Hamilton

BOOZ ALLEN HAMILTON INC 575 HERNDON PARKWAY HERNDON VA 20170 877-927-8278

Deposited to the account of

Advice number:

00000398381 09/28/2018

transit ABA

amount

xxx8239

XXXX XXXX

\$3,285.06

Case 19-10760-amc

P. O. Box 14560 Lexington, KY, 40512-4560, USA Filed 02/06/19

Entered 02/06/19 14:27:17

Claim No.:

Desc Main 17579246

Earnings Begin Date: Earnings End Date:

09/10/2018 09/13/2018 Advice#:

8371344

WILLIAM J HARGENRADER 9217B JAMISON AVE PHILADELPHIA, PA 19115

Employee ID: EOB NO .:

Days Paid:

01127994 25902570 Advice Date:

TAX DATA:

Marital Status:

Allowances:

Addl. Pct.:

Addl. Amt.:

09/14/2018

Federal

Married

2

0

0.00

BENEFIT INFORMATION

---- Benefits Under Your Plan ----

Benefit Salary: (amount from which benefits are calculated)

Benefit Percentage of Earnings Under Your Plan:

2,860.35

100% 2 weeks to 26 weeks 0% 0 weeks to 1 weeks

PA State

Single

0

0

0.00

Benefit Amount;

Minimum Benefit Under Your Plan:

Maximum Benefit Under Your Plan:

\*Your payment may be subject to a maximum benefit as per your plan. Please see your plan for additional information

Frequency:

\*999,999.00 WEEKLY

\$2,860.35

00.00

| BENE            | FITS BEING PAID FOR T | HIS PAY PERIOD | 0              | FFSET INFORMATION                      |            |
|-----------------|-----------------------|----------------|----------------|--|------------|
|                 |                       |                | Offsets applie | ed to your benefit for this pay period |            |
| Description     | Amount                | Pay Period     | Description    | Amount                                 | Pay Period |
| Benefit Amount: | 2288.28               | 4 days         |                |  |            |

| Delicit Amount,         | 2208.28      |              | 4 days                      |          |  |                          |                  |              |                  |
|-------------------------|--------------|--------------|-----------------------------|----------|--|--------------------------|------------------|--------------|------------------|
|                         |              | HOURS AN     | D EARNINGS                  |          | 1. Park 1. San 1. S | V.C. vila                |                  | TAXES        |                  |
|                         |              | Cu           | urent                       |          | YTD  |                          |                  |              |                  |
| Description             | R            | ate Ho       | urs Earnings                | Hours    | Earnings   |                          | Description      | Current      | YTD              |
| Gross Benefit Taxable   | 0.           | .00 00.      | 2288.28                     | 0        | 71508.75   |                          | Fed Withholding  | 295,88       | 9269.36          |
|                         |              |              |                             |          |  |                          | Fed MED/EE       | 32.16        | 1006.64          |
|                         |              |              |                             |          |  |                          | Fed OASDI/EE     | 137.53       | 4304.25          |
|                         |              |              |                             |          |  |                          | PA Unempl EE     | 1.38         | 42.91            |
| Total:                  |              |              | 2288.28                     |          | 715  | 08.75                    | Total:           | 466.95       | 14623.16         |
| BEFORE-TA               | AX-DEDUCTION | ONS          | AFTER-TAX                   | -DEDUC   | TIONS  | 67 (A) (A)<br>1- (A) (A) | EMPLOY           | ER PAID BENE | EUTS             |
| Description             | Current      | YTD          | Description                 | Current  | YTD  |                          | Description      | Current      | YTD              |
| Dental Premium          | 3.69         | 109.72       | AD&D Premium After-Tax      | 2.40     | 71.40  |                          |                  |              |                  |
| Group Accident Plan     | 3.07         | 91.40        | Spouse AD&D Premium         | 1,20     | 35.70  |                          |                  |              |                  |
| Health Spending Account | 6.15         | 183.02       | After-Tax                   |          |  |                          |                  |              |                  |
| Medical Premium         | 57.19        | 1701.23      | Identity Theft Ded After Ta |          | 76.64  |                          |                  |              |                  |
|                         |              | •            | Supplemental Life After-Ta  |          | 127.55   |                          |                  |              |                  |
|                         |              |              | Supp Life Spouse After-Tax  | 1.28     | 38.08  |                          |                  |              |                  |
| Total:                  | 70,          | 10 2085.37   | Total:                      |          | 11.74 34   | 19.37                    | *Taxable         |              |                  |
|                         |              | Total Gross  | Fed Taxable Gross           |          | Total Taxes  | 4.4                      | Total Deduction  | ns           | Net Pay          |
| Current:                |              | 2288.28      | 2218.18                     |          | 466.95   |                          | 81.8             |              | 1739.49          |
| YTD:                    |              | 71508.75     | 69423.38                    |          | 14623.16   |                          | 2434,7           |              | 54450.85         |
|                         |              |              |                             |          |  | NET                      | PAY DISTRIBUTION | Ň            | 115-15 N. 48 (C) |
| COMPANY MESSAGE: I      | F YOU HAVE   | ANY QUESTION | S CONCERNING THIS PAY       | MENT, P  | I RACU CECT  |                          | ce # 8371344     |              | 1739,49          |
| ì                       | 380.         | IACI GURCUSI | OMER SERVICE DEPARTM        | VIENT AT | (866)326-  | Total                    |                  |              | 1739.49          |
| ERSONAL MESSAGE:        |              |              |                             |          |  | 1                        |                  |              | 2700,40          |

## Case 19-10760-amc AETNA LIFE INSURANCE COMPANY

P. O. Box 14560

Lexington, KY, 40512-4560, USA

Doc 8 Desc Main

Pay Groent

Claim No.:

17579246

Earnings Begin Date: Earnings End Date:

09/03/2018 09/07/2018 Advice#: Advice Date: 8367108 09/07/2018

| WILLIAM J HARGENRADER  | Employee ID: | 01127994      | TAX DATA:       | Federal | PA State |
|--|--------------|---------------|-----------------|---------|----------|
| 9217B JAMISON AVE  | EOB NO.:     | 25902571      | Marital Status: | Married | Single   |
| PHILADELPHIA, PA 19115   | Days Paid:   | 5             | Allowances:     | 2       | 0        |
|  |              |               | Addl. Pct.:     | 0       | 0        |
|  |              |               | Addl. Amt.:     | 0.00    | 0.00     |
| and the state of t | BENEFI       | I INFORMATION |                 |         |          |

---- Benefits Under Your Plan ----

Benefit Salary: (amount from which benefits are calculated)

2,860.35

Benefit Percentage of Earnings Under Your Plan:

100% 2 weeks to 26 weeks

Benefit Amount:

0% 0 weeks to 1 weeks \$2,860.35

Minimum Benefit Under Your Plan:

00,00

Maximum Benefit Under Your Plan:

\*999,999.00

\*Your payment may be subject to a maximum benefit as per your plan. Please see your plan for additional information

Frequency:

WEEKLY

| BENEI           | FITS BEING PAID FOR THIS F | AY PERIOD          | OF              | FSET INFORMATION                      |            |
|-----------------|----------------------------|--------------------|-----------------|---------------------------------------|------------|
|                 |                            |                    | Offsets applied | d to your benefit for this pay period | -          |
| Description     | Amount                     | Pay Period Descrip | otion           | Amount                                | Pay Period |
| Benefit Amount: | 2860.35                    | 5 days             |                 |                                       |            |

|  | Organization Carlos St. 1             | HOURS AN     | D EARNIN    | (GS                                     |          | 4.40 6 70 70 |                      |                  | TAXES                                  |                 |
|--|---------------------------------------|--------------|-------------|---|----------|--------------|----------------------|------------------|--|-----------------|
|  |                                       | Cu           | rrent       | *************************************** | · }      | TD           |                      | n                |  |                 |
| Description  | R                                     | ate Ho       | urs         | Earnings 1                              | Hours    | Earnings     | <del></del>          | Description      | Current                                | YTD             |
| Gross Benefit Taxable  | 0.                                    | 00 0         |             | 2860.35                                 | 0        | 69220.47     |                      | Fed Withholdng   | 369.85                                 | 8973,48         |
|  |                                       |              |             |   |          |              |                      | Fed MED/EE       | 40.21                                  | 974.48          |
|  |                                       |              |             |   |          |              |                      | Fed OASDI/EE     | 171.91                                 | 4166.72         |
|  |                                       |              |             |   |          |              |                      | PA Unempl EE     | 1.71                                   | 41.53           |
| Total:   |                                       |              |             | 2860.35                                 |          | 692          | 20.47                | Total:           | 583.68                                 | 14156.21        |
| BEFORE-TA  | X-DEDUCTIC                            | ins          |             | AFTER-TAX                               | -DEDUCI  | IONS         | \$******<br>******** | EMPLOYE          | R PAID BENE                            | FITS            |
| Description  | Current                               | YTD          | Description | o <b>n</b>                              | Current  | YTD          |                      | Description      | Current                                | YTD             |
| Dental Premium   | 4.61                                  | 106.03       | AD&D P      | remium After-Tax                        | 3.00     | 69.00        |                      |                  | ······································ |                 |
| Group Accident Plan  | 3.84                                  | 88.33        |             | D&D Premium                             | 1.50     | 34.50        |                      |                  |  |                 |
| Health Spending Account  | 7.69                                  | 176.87       | After-Tax   | -                                       |          |              |                      |                  |  |                 |
| Medical Premium  | 71.48                                 | 1644.04      | i .         | heft Ded After Tax                      |          | 74.06        |                      |                  |  |                 |
|  |                                       |              | Suppleme    | ental Life After-Tax                    | 5.36     | 123.27       |                      |                  |  |                 |
|  | · · · · · · · · · · · · · · · · · · · |              | Supp Life   | Spouse After-Tax                        | 1.60     | 36.80        |                      |                  |  |                 |
| Total:   | 87.€                                  | 62 2015,27   | Total:      |   |          | 14.68 33     | 37.63                | *Taxable         |  |                 |
| The second of th |                                       | Total Gross  | · Fed       | l Taxable Gross                         | e Joseph | Total Taxes  |                      | Total Deductions | 1.45 E. 1811. F. 1811.                 | Net Par         |
| Current:   |                                       | 2860.35      |             | 2772.73                                 |          | 583,68       |                      | 102.30           |  | 2174.37         |
| YTD:   |                                       | 69220.47     |             | 67205.20                                |          | 14156.21     |                      | 2352.90          |  | 52711.36        |
|  |                                       |              |             |   |          |              | NET I                | PAY DISTRIBUTION |  | 124 St. 171 -07 |
| COMPANY MESSAGE: II  | F YOU HAVE A                          | ANY QUESTION | S CONCER    | RNING THIS PAY<br>RVICE DEPARTM         | MENT, PI | EASE FEEL    | Advid                | ce # 8367108     |  | 2174.37         |
| i  | 380.                                  | TICL CORCUS  | OMEK SE     | NAME DEFARIN                            | IA INGE  | (000)320-    | Total                | •                |  | 2174.37         |

P.O. Box 14560 Lexington, KY, 40512-4560, USA Filed 02/06/19 Entered 02/06/19 14:27:17

Desc Main 17579246

Earnings Begin Date: Earnings End Date:

08/27/2018 08/31/2018

Advice#:

Advice Date:

8363500 08/31/2018

WILLIAM J HARGENRADER Employee ID: 01127994 TAX DATA: Federal PA State 9217B JAMISON AVE EOB NO.: 25902568 Marital Status: Married Single PHILADELPHIA, PA 19115 Days Paid: 5 Allowances: 2 0 Addl. Pct.: 0 0 Addi, Amt.: 0.00 0.00

BENEFIT INFORMATION

---- Benefits Under Your Plan -----

Benefit Salary: (amount from which benefits are calculated)

Benefit Percentage of Earnings Under Your Plan:

2,860.35

100% 2 weeks to 26 weeks

Benefit Amount:

0% 0 weeks to 1 weeks \$2,860.35

Minimum Benefit Under Your Plan:

00.00

Maximum Benefit Under Your Plan:

\*999,999.00

\*Your payment may be subject to a maximum benefit as per your plan. Please see your plan for additional information

Frequency:

WEEKLY

| BENEI           | TITS BEING PAID FOR THI | S PAY PERIOD | (             | DEFSET INFORMATION                      |            |
|-----------------|-------------------------|--------------|---------------|---|------------|
|                 |                         |              | Offsets appli | ied to your benefit for this pay period | ,          |
| Description     | Amount                  | Pay Period E | Description   | Amount                                  | Pay Period |
| Benefit Amount: | 2860.35                 | 5 days       | -             |   |            |

|                         | •           |                       | Cur            | rent                         | Ү       | TD    |       |       |                  |              |  |
|-------------------------|-------------|-----------------------|----------------|------------------------------|---------|-------|-------|-------|------------------|--------------|--|
| Description             | R           | ate ]                 | Hou            | rs Earnings H                | lours   | Earn  | ings  |       | Description      | Current      | YTD                                      |
| Gross Benefit Taxable   | 0           | .00                   | 0              | 2860.35                      |         | 6636  | 0.12  |       | Fed Withholdng   | 369.85       | 8603.63                                  |
|                         |             |                       |                |                              |         |       |       |       | Fed MED/EE       | 40.20        | 934.27                                   |
|                         |             |                       |                |                              |         |       |       |       | Fed OASDI/EE     | 171.91       | 3994.81                                  |
|                         |             |                       |                |                              |         |       |       |       | PA Unempl EE     | 1.72         | 39.82                                    |
| Total:                  |             |                       |                | 2860.35                      |         |       | 6636  | 60.12 | Total:           | 583.68       | 13572.5                                  |
| BEFORE-TAX              | K-DEDUCTION | ONS                   | 27 19<br>20 13 | AFTER-TAX-                   | DEDUCT  | ONS   |       |       | EMPLOY           | ER PAID BENE | TITS                                     |
| Description             | Current     | YTD                   |                | Description                  | Current | YT    | D .   |       | Description      | Current      | YTD                                      |
| Dental Premium          | 4.61        | 101,42                |                | AD&D Premium After-Tax       | 3.00    | 66.0  | Ю     |       |                  |              |  |
| Group Accident Plan     | 3.84        | 84.49                 | - 1            | Spouse AD&D Premium          | 1.50    | 33.0  | 00    |       |                  |              |  |
| Health Spending Account | 7.69        | 169.18                |                | After-Tax                    |         |       |       |       |                  |              |  |
| Medical Premium         | 71.48       | 1572.56               |                | Identity Theft Ded After Tax |         | 70.8  |       |       |                  |              |  |
|                         |             |                       |                | Supplemental Life After-Tax  |         | 117.  | .91   |       |                  | •            |  |
|                         |             |                       | $\perp$        | Supp Life Spouse After-Tax   | 1.60    | 35.2  | 0     |       |                  | •            |  |
| Total:                  | 87.         | 62 1927. <del>c</del> | 55             | Total:                       | 1       | 4.68  | 32    | 2.95  | *Taxable         |              |  |
|                         |             | Total Gross           |                | Fed Taxable Gross            |         | Total | laxes |       | Total Deduction  | 18           | Net Pa                                   |
| Current:                |             | 2860.35               |                | 2772.73                      |         | 58    | 33.68 |       | 102.3            | 0            | 2174.37                                  |
| YTD;                    |             | 66360.12              |                | 64432.47                     |         | 1357  | 72.53 |       | 2250,6           |              | 50536,99                                 |
|                         |             |                       |                |                              |         |       |       | NET   | PAY DISTRIBUTION | V 2 P P      | er e |
|                         |             |                       |                | CONCERNING THIS PAYM         |         |       |       |       |                  |              |  |

1380.

Total: 2174.37

AETNA LIFE INSURANCE COMPANY

Pay Graphic Company

Claim No.:

P. O. Box 14560 Lexington, KY, 40512-4560, USA

Desc Main 17579246

Earnings Begin Date: Earnings End Date:

08/20/2018 08/24/2018

Advice#: Advice Date: 8357995 08/24/2018

WILLIAM J HARGENRADER 9217B JAMISON AVE PHILADELPHIA, PA 19115

Employee ID: EOB NO.:

Days Paid:

01127994 25902567 TAX DATA: Marital Status: Allowances: Addl. Pct.:

Addl. Amt.:

Federal PA State Married Single 2 0 0 0

0.00

BENEFIT INFORMATION

5

---- Benefits Under Your Plan ----

Benefit Salary: (amount from which benefits are calculated)

Benefit Percentage of Earnings Under Your Plan:

2,860.35

0.00

100% 2 weeks to 26 weeks 0% 0 weeks to 1 weeks

Benefit Amount:

\$2,860.35

Minimum Benefit Under Your Plan: Maximum Benefit Under Your Plan:

00.00 \*999,999.00

\*Your payment may be subject to a maximum benefit as per your plan. Please see your plan for additional information

Frequency:

WEEKLY

| BEN             | EFITS BEING PAID FOR TH | IS PAY PERIOD |             | OPFSET INFORMATION                          |                   |
|-----------------|-------------------------|---------------|-------------|---|-------------------|
|                 |                         |               | Offsets     | applied to your benefit for this pay period |                   |
| Description     | Amount                  | Pay Period    | Description | Amount                                      | Pay Period        |
| Benefit Amount: | 2860.35                 | 5 days        |             |   | 1 - 7 - 4 - 1 - 4 |
|                 |                         |               |             |   | ***               |

|                                       | 344A64C34                             | I kind the second | HOURS AN  | D EARNING                              | \$                | 7 7 F      |                                       | 4.9 6.40   | the first of the | TAXES                                  |                                    |
|---------------------------------------|---------------------------------------|-------------------|-----------|--|-------------------|------------|---------------------------------------|--|------------------|--|------------------------------------|
|                                       |                                       |                   |           | rrent                                  |                   | <i>)</i>   | TD                                    | i-   |                  |  |                                    |
| Description                           |                                       | Rate              | Ho        | ırs ]                                  | Earnings I        | Hours      | Earı                                  | ings   | Description      | Current                                | YTD                                |
| Gross Benefit Taxable                 |                                       | 0.00              | 0         | 2                                      | 2860.35           | )          | 634                                   | 99.77  | Fed Withholding  | 369.85                                 | 8233.78                            |
|                                       |                                       |                   |           |  |                   |            |                                       |  | Fed MED/EE       | 40.21                                  | 894.07                             |
|                                       |                                       |                   |           |  |                   |            |                                       |  | Fed OASDI/EE     | 171.91                                 | 3822.90                            |
| · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |                   |           |  |                   |            |                                       |  | PA Unempl EE     | 1.72                                   | 38.10                              |
| Total:                                |                                       |                   |           |  | 2860.35           |            |                                       | 63499.77   | Total:           | 583.69                                 | 12988.85                           |
| BEFORE-TA                             | X-DEDUCT                              | IONS              | 77 g      |  | AFTER-TAX-        | DEDUCT     | IONS                                  |  | EMPLOY           | ER PAID BENE                           | Note of the Control of the Control |
| Description                           | Current                               | Y')               | CD        | Description                            |                   | Current    | ΥΊ                                    | D  | Description      | Current                                | YTD                                |
| Dental Premium                        | 4.61                                  | 96                | .81       | AD&D Prer                              | nium After-Tax    | 3.00       | 63.                                   | 00   |                  | Current                                | 111                                |
| Group Accident Plan                   | 3.84                                  | 80.               | .65       |  | kD Premium        | 1.50       | 31.                                   | 50   |                  |  |                                    |
| Health Spending Account               | 7.69                                  | 16                | 1.49      | After-Tax                              |                   |            |                                       |  |                  |  |                                    |
| Medical Premium                       | 71.48                                 | 150               | 80.10     |  | ft Ded After Tax  |            | 67.                                   | 62   |                  |  |                                    |
|                                       |                                       |                   |           |  | ıl Life After-Tax |            | 112                                   | .55  |                  |  |                                    |
|                                       |                                       |                   |           | Supp Life Sp                           | ouse After-Tax    | 1.60       | 33.0                                  | 50   |                  |  |                                    |
| Total:                                | 83                                    | 7.62              | 1840.03   | Total:                                 |                   | j          | 14.68                                 | 308.27   | *Taxable         |  | <del></del>                        |
|                                       |                                       | To                | tal Gross | Fed T                                  | axable Gross      | STANCE VAL | Total                                 | Faxes  | Total Deduction  | ns                                     | Net Pay                            |
| Current:                              |                                       |                   | 2860.35   |  | 2772.73           |            | 5                                     | 83.69  | 102              |  | 2174.36                            |
| YTD:                                  |                                       |                   | 63499.77  |  | 61659.74          |            | _                                     | 88.85  | 2148             |  | 48362.62                           |
|                                       |                                       |                   |           | ······································ |                   | ·          | · · · · · · · · · · · · · · · · · · · | NET  | PAY DISTRIBUTIO  |  | 70,502.02                          |
| COMPANY MESSAGE: IF                   | YOU HAV                               | E ANY (           | QUESTION  | S CONCERN                              | ING THIS PAYN     | MENT, PL   | EASE FE                               | TOTAL STATE OF THE | ice # 8357995    | ************************************** | 212/2/2012                         |
| rr                                    | FREE TO CONTACT OUR CUST 1380.        |                   |           | OMER SERV                              | TCE DEPARTM       | ENT ÁT (   | (866)326-                             | Tota   |                  |  | 2174.36<br>2174.36                 |

Case 19-10760-amc AETNA LIFE INSURANCE COMPANY

P. O. Box 14560 Lexington, KY, 40512-4560, USA Do<del>c 8 Filed UZ/U</del> Pay Gr**296** cument Filed 02/06/19

Claim No.:

Entered 02/06/19 14:27:17 Desc Main 17579246

Earnings Begin Date:

08/13/2018

Advice#:

8350438

Earnings End Date:

08/17/2018

Advice Date:

08/17/2018

| VILLIAM J HARGENRADER | Employee ID:   | 01127994 | TAX DATA:       | Federal | PA State |
|-----------------------|--|----------|-----------------|---------|----------|
| 217B JAMISON AVE      | EOB NO.:   | 25902566 | Marital Status: | Married | Single   |
| HILADELPHIA, PA 19115 | Days Paid:   | 5 .      | Allowances:     | 2       | 0        |
| ·                     |  |          | Addl. Pct.:     | 0 .     | 0        |
|                       | Martine of the control with the state of the control was the |          | Addl. Amt.:     | 0.00    | 0.00     |

---- Benefits Under Your Plan ----

Benefit Salary: (amount from which benefits are calculated)

Benefit Percentage of Earnings Under Your Plan:

Minimum Benefit Under Your Plan:

Maximum Benefit Under Your Plan:

2,860.35

100% 2 weeks to 26 weeks

0% 0 weeks to 1 weeks

\$2,860.35 00.00

\*999,999.00

\*Your payment may be subject to a maximum benefit as per your plan. Please see your plan for additional information

Frequency:

Benefit Amount:

WEEKLY

| BENE            | FITS BEING PAID FOR THI | S PAY PERIOD | OF             | FSET INFORMATION                      |            |
|-----------------|-------------------------|--------------|----------------|---------------------------------------|------------|
|                 |                         |              | Offsets applie | d to your benefit for this pay period |            |
| Description     | Amount                  | Pay Period   | Description    | Amount                                | Pay Period |
| Benefit Amount: | 2860.35                 | 5 days       |                |                                       | ,          |

|                         |  | -            |            |                      |          |            |        |                  | TAXES                                | egop temperatura establicativa |
|-------------------------|--|--------------|------------|----------------------|----------|------------|--------|------------------|--------------------------------------|--------------------------------|
| Description             | ************************************** |              |            |                      |          | YTD        |        |                  |                                      |                                |
| Gross Benefit Taxable   | Rat                                    | ·            | urs        |                      | Hours    | Earning    |        | Description      | Current                              | YTD                            |
| Oross Benefit Taxable   | 0.0                                    | 0            |            | 2860.35              | 0        | 60639.4    | 2      | Fed Withholding  | 369.85                               | 7863.93                        |
|                         |  |              |            |                      |          |            |        | Fed MED/EE       | 40.20                                | 853.86                         |
|                         |  |              |            |                      |          |            |        | Fed OASDI/EE     | 171.90                               | 3650.99                        |
|                         |  |              |            |                      |          |            |        | PA Unempl EE     | 1.71                                 | 36.38                          |
| Total:                  |  |              |            | 2860.35              |          | 60         | 639.42 | Total:           | 583.66                               | 12405.16                       |
| BEFORE-TA               | X-DEDUCTION                            | Ś            |            | AFTER-TAX            | -DEDUC   | TIONS      |        | EMPLOYE          | R PAID BENE                          | FITS                           |
| Description             | Current                                | YTD          | Descript   | ion                  | Current  | YTD        |        | Description      | Current                              | YTĐ                            |
| Dental Premium          | 4.61                                   | 92.20        | AD&D I     | remium After-Tax     | 3.00     | 60.00      |        |                  |                                      |                                |
| Group Accident Plan     | 3.84                                   | 76.81        | Spouse A   | AD&D Premium         | 1.50     | 30.00      |        |                  |                                      |                                |
| Health Spending Account | 7.69                                   | 153.80       | After-Ta   |                      |          |            | i      |                  |                                      |                                |
| Medical Premium         | 71.48                                  | 1429.60      | Identity 7 | Theft Ded After Tax  | 3.22     | 64.40      |        |                  |                                      |                                |
|                         |  |              | Supplem    | ental Life After-Tax | 5.36     | 107.19     |        |                  |                                      |                                |
|                         | ·····                                  |              | Supp Life  | e Spouse After-Tax   | 1.60     | 32.00      |        |                  |                                      |                                |
| Total:                  | 87.62                                  | 1752.41      | Total:     |                      |          | 14.68 2    | 93.59  | *Taxable         |                                      |                                |
|                         | yes a second                           | Total Gross  | - Fe       | d Taxable Gross      |          | Total Taxe | 8      | Total Deduction  |                                      | Net Pay                        |
| Current:                |  | 2860,35      |            | 2772,73              |          | 583.6      | 6      | 102.30           |                                      | 2174.39                        |
| YTD:                    |  | 60639.42     |            | 58887.01             |          | 12405.1    | 6      | 2046.00          |                                      | 46188,26                       |
|                         |  | ·····        |            |                      |          |            | NET    | PAY DISTRIBUTION |                                      | 70100,20                       |
| COMPANY MESSAGE: IF     | YOU HAVE A                             | NY QUESTION  | S CONCE    | RNING THIS PAY       | MENT, PI | LEASE FEEL |        | ce # 8350438     | er egit salli silang tip di Habi egi | 010100                         |
| rr                      | REE TO CONTA<br>80.                    | ACT OUR CUST | OMER SE    | RVICE DEPARTM        | IENT AT  | (866)326-  | Total  |                  |                                      | 2174.39                        |

Case 19-10760-amc

P. O. Box 14560

Lexington, KY, 40512-4560, USA

Doc 8 Filed 02/06/19 Pay Document Pay

Entered 02/06/19 14:27:17

Claim No.:

Desc Main 17579246

Earnings Begin Date: Earnings End Date:

08/06/2018 08/10/2018

Advice#:

8345716

WILLIAM J HARGENRADER

Advice Date:

08/10/2018

9217B JAMISON AVE PHILADELPHIA, PA 19115 Employee ID: EOB NO.:

Days Paid:

01127994 25902569 5

TAX DATA: Marital Status: Allowances:

Federal PA State Married Single 0 0

Addl. Pct.: Addi. Amt.: 0 0.00

### BENEFIT INFORMATION

---- Benefits Under Your Plan ----

Benefit Salary: (amount from which benefits are calculated)

Benefit Percentage of Earnings Under Your Plan:

2,860.35

100% 2 weeks to 26 weeks

0.00

0% 0 weeks to 1 weeks

2

\$2,860.35

00.00 \*999,999.00

Minimum Benefit Under Your Plan: Maximum Benefit Under Your Plan:

\*Your payment may be subject to a maximum benefit as per your plan. Please see your plan for additional information

Frequency:

Benefit Amount:

WEEKLY

| BENE            | FITS BEING PAID FOR TH | IIS PAY PERIOD | OFF             | SET INFORMATION                     | 1 80       |
|-----------------|------------------------|----------------|-----------------|-------------------------------------|------------|
|                 |                        |                | Offsets applied | to your benefit for this pay period |            |
| Description     | Amount                 | Pay Period     | Description     | Amount                              | Pay Period |
| Benefit Amount: | 2860.35                | 5 days         | *               |                                     | Tuy Toxiou |

|                         |                   | Cì           | rrent       |                   | *7            | TD                     |   |   | TAXES       | 3 00 mg, 0 - 1, 1, 2000 (4) ha ha |
|-------------------------|-------------------|--------------|-------------|-------------------|---------------|------------------------|---|---|-------------|-----------------------------------|
| Description             |                   | ate Ho       |             |                   | Hours         | Earning                |   | Description   | Current     | YTD                               |
| Gross Benefit Taxable   | 0.                | 00 0         |             |                   | 0             | 57779.0                |   | Fed Withholding   | 369.85      | 7494.08                           |
|                         |                   |              |             |                   |               |                        | ,                                       | Fed MED/EE  | 40.21       | 813,66                            |
|                         |                   |              |             |                   |               |                        |   | Fed OASDI/EE  | 171.91      | 3479.09                           |
|                         |                   |              |             |                   |               |                        |   | PA Unempl EE  | 1.72        | 34.67                             |
| Total:                  |                   |              |             | 2860.35           |               | 5′                     | 779.07                                  | Total:  | 583.69      | 11821.5                           |
| BEFORE-TA               | X-DEDUCTIO        | )NS          | 1           | AFTER-TAX         | -DEDUCT       | 3.25. V. 19.00 977 Kee |   | CALL WILLIAM SAN COLORS AND | R PAID BENE |                                   |
| Description             | Current           | YTD          | Description |                   | Current       | YTD                    | Contract Contract                       | Description   | Current     | YTD                               |
| Dental Premium          | 4.61              | 87.59        | AD&D Pres   | mium After-Tax    | 3.00          | 57.00                  | • | Description   | Current     | 110                               |
| Group Accident Plan     | 3.84              | 72.97        |             | &D Premium        | 1.50          | 28.50                  |   |   |             |                                   |
| Health Spending Account | 7.69              | 146,11       | After-Tax   |                   |               |                        |   |   |             |                                   |
| Medical Premium         | 71.48             | 1358.12      |             | oft Ded After Tax |               | 61.18                  |   |   |             |                                   |
|                         |                   |              | Supplement  | al Life After-Tax | 5.36          | 101.83                 | i                                       |   |             |                                   |
|                         | ·····             |              | Supp Life S | pouse After-Tax   | 1.60          | 30.40                  |   | ;   |             |                                   |
| Total:                  | 87.€              | 62 1664.79   | Total:      |                   | 14            | 4.68                   | 278.91                                  | *Taxable  | <del></del> |                                   |
|                         |                   | Total Gross  | Fed T       | axable Gross      | Angline Islan | Total Tax              | es 💮                                    | Total Deduction   |             | Net Pa                            |
| Current:                |                   | 2860,35      |             | 2772,73           |               | 583.6                  |   | 102,30  |             | 2174.36                           |
| YTD:                    |                   | 57779.07     |             | 56114.28          |               | 11821.                 | -                                       | 1943,70   |             | 44013.87                          |
|                         |                   |              |             | <u> </u>          |               |                        | NET                                     | PAY DISTRIBUTION  |             | 1017:01                           |
| COMPANY MESSAGE: IF     | YOU HAVE          | ANY QUESTION | S CONCERN   | ING THIS PAY      | MENT, PLI     | EASE FEEL              |   | ce # 8345716  |             | 2174                              |
| r.r.                    | ŒE TO CONT<br>80. | ACT OUR CUST | OMER SERV   | VICE DEPARTM      | IENT AT (8    | 366)326-               | Tota                                    |   |             | 2174.36<br>2174.36                |

AETNA LIFE INSURANCE COMPANY

DOC 8 Filed 02/06/19 Entered 02/06/19 14:27:17

P.O. Box 14560

Case 19-10760-amc Doc 8 Filed 02/06/19 Entered 02/06/19 14:27:17

P.O. Box 14560

P.O. Box 14560

Lexington, KY, 40512-4560, USA

Desc Main 17579246

Earnings Begin Date: Earnings End Date:

08/01/2018 08/03/2018 Advice#: Advice Date:

8345715 08/10/2018

WILLIAM J HARGENRADER Employee ID: 01127994 TAX DATA: Federal PA State 9217B JAMISON AVE EOB NO.: 25902565 Marital Status: Married Single PHILADELPHIA, PA 19115 Days Paid: 3 Allowances: 2 0 Addl. Pct.: 0 0 Addl. Amt. 0.00 0,00

BENEFIT INFORMATION

---- Benefits Under Your Plan ----

Benefit Salary: (amount from which benefits are calculated)

Benefit Percentage of Earnings Under Your Plan:

Minimum Benefit Under Your Plan:

Maximum Benefit Under Your Plan:

2,860.35

100% 2 weeks to 26 weeks

0% 0 weeks to 1 weeks

\$2,860.35

00.00

\*999,999.00

\*Your payment may be subject to a maximum benefit as per your plan. Please see your plan for additional information

Frequency:

Benefit Amount:

WEEKLY

| BENEI           | ITS BEING PAID FOR TH | IS PAY PERIOD | 0              | FFSET INFORMATION                      |            |
|-----------------|-----------------------|---------------|----------------|--|------------|
| ·               |                       |               | Offsets applie | ed to your benefit for this pay period |            |
| Description     | Amount                | Pay Period    | Description    | Amount                                 | Pay Period |
| Benefit Amount: | 1716.21               | 3 days        |                |  | 14, 14     |

|   |              | HOURS AN        | D EARNINGS -   |            | 生活的现在分词                  |             |  | TAXES                             |                                       |
|---|--------------|-----------------|--|------------|--------------------------|-------------|--|-----------------------------------|---------------------------------------|
|   |              | Cı              | urrent   | J          | YTD                      |             |  |                                   |                                       |
| Description                                 |              | Rate Ho         | urs Earnings   | Hours      | Earnings                 |             | Description  | Current                           | YTD                                   |
| Gross Benefit Taxable                       |              | 0.00 0          | 1716.21  | 0          | 57779.07                 |             | Fed Withholding Fed MED/EE Fed OASDI/EE PA Unempl EE | 221.91<br>24.12<br>103.15<br>1.03 | 7494.08<br>813.66<br>3479.09<br>34.67 |
| Total:                                      |              |                 | 1716.2   | 21         | 577                      | 79.07       | Total:   | 350.21                            | 11821.50                              |
| BEFORE-TA                                   | X-DEDUCT     | IONS            | AFTER-T  | AX-DEDUCT  | IONS                     |             | EMPLOY   | ER PAID BENE                      |                                       |
| Description                                 | Current      | YTD             | Description  | Current    | YTD                      |             | Description  | Current                           | YTD                                   |
| Dental Premium                              | 2.77         | 87.59           | AD&D Premium After-T   | ax 1.80    | 57.00                    | *********** |  | Carrent                           | 1110                                  |
| Group Accident Plan Health Spending Account | 2.31<br>4.61 | 72.97<br>146.11 | Spouse AD&D Premium<br>After-Tax   | 0.90       | 28.50                    |             |  |                                   |                                       |
| Medical Premium                             | 42.89        | 1358.12         | Identity Theft Ded After<br>Supplemental Life After-<br>Supp Life Spouse After-T | Tax 3.21   | 61.18<br>101.83<br>30.40 |             |  |                                   |                                       |
| Total:                                      | 52           | 2.58 1664.79    | Total:   |            | 8.80 27                  | 8.91        | *Taxable   |                                   |                                       |
|   |              | Total Gross     | Fed Taxable Gross  | 5.7.3 £ 8. | Total Taxes              | 100m        | Total Deduction                                      | ne i                              | Net Pay                               |
| Current:                                    |              | 1716.21         | 1663.63  |            | 350,21                   |             | 61.3   |                                   | 1304.62                               |
| YTD:  | :            | 57779.07        | 56114.28   |            | 11821.50                 |             | 1943.7   |                                   | 44013,87                              |
|   | ,            |                 |  |            |                          | NET         | PAY DISTRIBUTION                                     |                                   | 015,67                                |
| COMPANY MESSAGE: IF                         | YOU HAVE     | E ANY QUESTION  | S CONCERNING THIS PA   | AYMENT, PI | EASE FEEL                |             | ce # 8345715   | Section 2017 (1997) 133 (1996) 17 | 1304.62                               |
| 13  | 880.         | MIACI OUR CUS   | OMER SERVICE DEPAR   | TMENT AT   | (866)326-                | Total       |  |                                   | 1304.62                               |

AETNA LIFE INSURANCE COMPANY Document

P. O. Box 14560 Lexington, KY, 40512-4560, USA

Entered 02/06/19 14:27:17 Claim No.:

Desc Main 17579246

Earnings Begin Date: Earnings End Date:

07/30/2018 07/31/2018

Advice#: Advice Date:

8341576 08/03/2018

WILLIAM J HARGENRADER Employee ID: 01127994 TAX DATA: Federal PA State 9217B JAMISON AVE EOB NO.: 25755426 Marital Status: Married Single PHILADELPHIA, PA 19115 Days Paid: 2 Allowances: 2 0 Addl. Pct.: 0 0 0.00 0.00

BENEFIT INFORMATION ---- Benefits Under Your Plan ----

Benefit Salary: (amount from which benefits are calculated)

Benefit Percentage of Earnings Under Your Plan:

2,860.35

100% 2 weeks to 26 weeks 0% 0 weeks to 1 weeks

Benefit Amount:

\$2,860.35 00.00

Minimum Benefit Under Your Plan: Maximum Benefit Under Your Plan:

\*999,999.00

\*Your payment may be subject to a maximum benefit as per your plan. Please see your plan for additional information

Frequency:

WEEKLY

| BENE            | FITS BEING PAID FOR T | HIS PAY PERIOD |             | OFFSET INFORMATION                                  | Gallerichter aus der Wildersteine der Geber de |
|-----------------|-----------------------|----------------|-------------|---|--|
|                 |                       |                |             | Offsets applied to your benefit for this pay period | -  |
| Description     | Amount                | Pay Period     | Description | Amount  | Pay Period   |
| Benefit Amount: | 1144,14               | 2 days         |             |   | , uj 101100  |
|                 |                       |                |             |   |  |

|                         |   | HOURS A      | ND EARN | INGS  | e 15,14 (26,56)                         | in to ke ke | ivansel      |                 | TAXES  |                             |
|-------------------------|---|--------------|---------|---|---|-------------|--------------|-----------------|--|-----------------------------|
|                         |   |              |         |   | *************************************** | YTD         |              |                 | TVVE   |                             |
| Description             |   | Rate H       | ours    | Earnings  | Hours                                   | Earnings    |              | Description     | Current  | YTD                         |
| Gross Benefit Taxable   |   | 0.00         |         | 1144.14   | 0                                       | 53202.51    |              | Fed Withholding | 147.94   | 6902.32                     |
|                         | •   |              |         |   |   |             |              | Fed MED/EE      | 16.08  | 749.33                      |
|                         |   |              |         |   |   |             |              | Fed OASDI/EE    | 68.76  | 3204.03                     |
|                         |   | ·····        |         |   |   |             |              | PA Unempl EE    | 0.68   | 31.92                       |
| Total:                  |   |              |         | 1144.14   |   | 532         | 02.51        | Total:          | 233.46   | 10887.60                    |
| BEFORE-1                | AX-DEDUCI   | IONS         |         | AFTER-TAX   | DEDUC                                   | FIONS       |              | EMPLOY          | ER PAID BENE   | Service and the service and |
| Description             | Current   | YTD          | Descrip | tion  | Current                                 | YTD         |              | Description     | Current  | YTD                         |
| Dental Premium          | 1.84  | 80.21        | AD&D    | Premium After-Tax   | 1.20                                    | 52.20       |              |                 | CALIGIE  | 1112                        |
| Group Accident Plan     | 1.54  | 66.82        |         | AD&D Premium  | 0.60                                    | 26.10       |              |                 |  |                             |
| Health Spending Account | 3.08  | 133.81       | After-T |   |   |             |              |                 |  |                             |
| Medical Premium         | 28.59   | 1243.75      | 1       | Theft Ded After Tax   |   | 56.03       |              |                 |  |                             |
|                         |   |              |         | nental Life After-Tax   |   | 93.26       |              |                 |  |                             |
|                         |   |              | Supp Li | fe Spouse After-Tax   | 0.64                                    | 27.84       |              |                 |  |                             |
| Total:                  |   | 5.05 1524.59 | Total:  |   |   | 5.87 2      | 55.43        | *Taxable        |  |                             |
|                         | Y KU A  | Total Gross  | F       | ed Taxable Gross  |   | Total Taxe  | s) 838-1     | Total Deductio  | ns   | Net Pav                     |
| Current:                |   | 1144.14      |         | 1109.09   |   | 233.46      | <del></del>  | 40.9            | 100 000 000 000 000 000 000 000  | 869.76                      |
| YTD:                    |   | 53202.51     |         | 51677.92  |   | 10887.60    |              | 1780.6          |  | 40534.89                    |
|                         |   |              | ***     |   | <del></del>                             |             | Terror 35 52 | PAY DISTRIBUTIO |  | 70,54,69                    |
| COMPANY MESSAGE:        | : IF YOU HAVE ANY QUESTIONS ERFE TO CONTACT OUR CUSTO |              |         | G CONCERNING THIS PAYMENT, PLEASE FEE<br>OMER SERVICE DEPARTMENT AT (866)326- |   | LEASE FEEL  | 1            | ce # 8341576    | The Company of the Co | 869.76                      |
|                         | 1380.   |              | TOMER   | JAMEN SERVICE DEPARTMENT AT (866)   |   |             | Total        |                 |  | 869.76                      |
| PERSONAL MESSAGE:       |   |              |         |   |   |             | L            |                 |  | 303.70                      |

Filed 02/06/19 Case 19-10760-amc Doc 8 Entered 02/06/19 14:27:17 MONTHLY FINANCIAL REPORT OF BUSINESS OPERATIONS Debtor Name: Daniele Hargenrader Case No: Business Name: True You Solutions LUC For the Month & Year (1/05, etc.): January. BUSINESS INCOME: 4741 (1) Actual Income from Sales & Service (2) Other (Specify) (3) Other (Specify) Total Actual Income (1+2+3) (4) **ACTUAL BUSINESS EXPENSE PAID** (5)Rent/Lease (6)Utilities (Electricity, Gas. Water&Sewer) (7) Telephone (8) Insurance (9)Wages for Employees 75 Wages for Self/Owner(s) (10)85 Taxes (11)Gas and Fuel for Business Vehicles (12)Other (Specify) Adver+i31149 299 (13)Other (Specify) to perpettion S (14)933 Other (Specify) OFFICE Expense \$
Total Actual Business Expenses Paid OI\$ (15) 466 (16) 3 (sum of 5 through 16) 835 (17)Net Business Income/Loss (line 4-Line 16) \$ Net Wages From Regular Employment-Dal \$ (18)Net Wages From Regular Employment-Spr.\$ (19)Amount Carried Over From Last Month (20)(21)Total Net Monthly Income (sum of 17 th) \$ PERSONAL (22)RentMortgage (23)Utilities (gas, electric, water, sewer, fuel) (24)Telephone (25)Food (26)Transportation (fuel, tolls, parking) (27)Other (specify) (28)Other (specify) (29)Other (specify) Other (specify) (30)

Desc Main

### EXHIBIT D

Total Actual Personal Expenses Paid (22\$

Gross Excess Income (line 21 - line 32) \$

MONTHLY CHAPTER 13 PLAN PAYMENTS

carry amount on line 35 to next month line 20

Net Excess Income (line 33 - line 34)

Other (specify)

**NET INCOME (LOSS)** 

(31) (32)

(33)

(34)

(35)

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MONTHLY FINANCIAL REPORT OF BUSINESS OPERATIONS

|              | i Namiele Hamen   | مر جبر المسرة  |
|--------------|---|--|
|              | Manne Daniele Hargenra  |  |
| Case N       | Home: True You Solution   | 9. (1.   |
| Busine       | SE Hame: True You Solution  | 118 6 Month  |
| For the      | Month & Pear (1805, etc.):  |  |
|              | ,   |  |
| ine internal | ERS PICOME:   | ul nail∀   |
| (1)          | Actual Income from Sales & Service                                | \$ 14,248  |
|              | Other (Specify)   |  |
| (2)          | Other (Specify)   | <b>\$</b>  |
| (3)<br>(4)   | Total Actual Income (1+2+3)                                       | \$ 14,248  |
|              |   | •  |
| ACTU         | L BUSINESS EXPENSE PAID   |  |
| (5)          | RientA.ease   | The state of the s |
| (8)          | Utilities (Electricity, Gas, Water&Sewer)                         | And the second s |
| (7)          | Telephone   | <u></u>  |
| (8)          | häufarce  |  |
| (8)          | Wages for Employees   | 9 250  |
| (10)         | Wages for Self/Cwner(s)   | 9,250  |
| (11)         | Texas   | 3.384  |
| (12)         | Gae and Funt for Business Vehicles                                | \$ 1,080   |
| (19)         | Other (Specify) Adver 75179                                       | \$ 2,526   |
| (14)         | Other (Specify) Operations  | \$ 5,120   |
| (15)         | Other (Specify) Office Expense Paid O                             |  |
| (16)         | (aum of 5 through 16)   |  |
|              | (Solit of a curenity sai  | · ·  |
| 4.4401       | Net Business Income/Loss (line 4-Line 16)                         | -7,290   |
| (17)         | Net Wages From Regular Employment-De                              | 16   |
| (18)<br>(19) | Man Wares From Requier Embloyment of                              | K <b>5</b>   |
| (20)         | Amount Carried Over From Last Month                               | \$   |
| (21)         | Total Not Monthly locome (num of 17 th                            | f <u> </u>   |
| •            | •   |  |
| PERS         | =   | •  |
| (22)         | Rent/Mortgage   |  |
| (23)         | Utilities (Oper, electric, water, newer, fuel)                    | *  |
| (24)         | Telephone   | *  |
| (25)         | Food  |  |
| (26)         | Transportation (fixel, tolle, parking)                            |  |
| (27)         | Other (apocity)   | *  |
| (28)         | Other (epecify)   | •  |
| (29)         | Cities (specify)  | <b>7</b>   |
| (30)         | Other (epecity)<br>Other (specity)                                | \$   |
| (31)         | Total Actual Personal Expenses Paid (2                            | 5.6  |
| (32)         | I PARK WHITEHER & CREEK MAN AND AND AND AND AND AND AND AND AND A |  |
| NET I        | NCOME (LOSS)  |  |
| (33)         | Swine Excess Income (line 21 - line 32)                           | **************************************   |
| (34)         | MONTHLY CHAPTER 13 PLAN PAYMEN                                    | ∏ <u>₹</u>   |
| (35)         | Slet Excess Income (line 35 - line 34)                            | \$   |
| • •          | centy emount on line 35 to next month line                        | : 20   |

Case 19-10760-amc Doc 8 Filed 02/06/19 Entered 02/06/19 14:27:17 Desc Main

## MONTHLY FINANCIAL REPORT OF BUSINESS OFERATIONS

| Case i                  | rName: Daniele Hargenr   |  |
|-------------------------|--|--|
| Busin.                  | ges Hame: True You Solutio   | WS LIC   |
| For th                  | e Month & Yver (1/05, etc.): 12 18   | The state of the s |
| . 161 200               | And held the factories of the control of the contro | · ·  |
|                         |  |  |
|                         | (EGB INCOME:   | . 1 900 000  |
| (1)                     | Actual Income from Sales & Service   | s 1,559  |
| (2)                     | Other (Specify)  |  |
| (3)                     | Other (Specify)  | <b>\$</b>  |
| 4)                      | Total Actual Income (1+2+3)  | \$ 1.559   |
| ACT ib                  | al Business expense paid   | •  |
| 5)                      | Rent/Leese   | *  |
| (6)                     | Utilities (Electricity, Gas, Water&Sower)  | •  |
| ( <del>9</del> )<br>(7) | Telephone  | \$   |
| (8)                     | Insurance  | *  |
| 9)<br>9)                | Weges for Employees  | ** The second se |
| 10)                     | Wages for Self/Owner(s)  | \$ 1,000   |
| 11)                     | Taxes  | \$ 390   |
| 12)                     | Gas and Fuel for Business Vehicles   |  |
| 13)                     | Other (Specify) Advertising  | \$ 1.7.5   |
| 14)                     | Offiner (Specify) Operations   | \$ 288   |
| 15)                     | Other (Specify) O. Rice Expense  | \$ 325   |
| 16)                     | Total Actual Business Expenses Paid Or   |  |
| •                       | (sum of 5 through 16)  | .1   |
| 17}                     | Net Business Income/Loss (line 4-Line 18)  | s -619   |
| 18)                     | Net Wages From Regular Employment-Del  | \$   |
| 1 <b>9</b> )            | Net Wages From Regular Employment-Spo  | \$   |
| 20)                     | Amount Carried Over From Last Month  | 8  |
| (1)                     | Total Not Monthly Income (sum of 17 th   | <b>*</b>   |
| ERSO                    |  |  |
| 22)                     | Rent/Mortgage  | <b>5</b>   |
| <b>(3)</b>              | Utilities (gas, electric, water, sewer, fuel)  | \$   |
| <b>(4)</b>              | Telephone  | \$   |
| <b>5)</b>               | Food   |  |
| 8)                      | Transportation (fuel, tolls, parking)  | <b>.</b>   |
| 7)                      | Other (specify)  |  |
| 8)                      | Other (specify)  |  |
| 9)                      | Öther (specify)  |  |
| Ø)                      |  |  |
| 1)                      | Other (specify)  |  |
| 2)                      | Total Actual Personal Expenses Paid (21)   | a Helingonia   |
| ET INC                  | COME (LOSS)  | •  |
| 3)                      | Gross Excess income (line 21 - line 32)  |  |
| 4)                      | MONTHLY CHAPTER 13 PLAN PAYMENTS   |  |
|                         | Not Excess Income (line 33 - line 34)  | white the second state of  |
| (5)                     | Control of the Selection of the Selection of   | 7  |

| Case       | ess Name: True You Soluti  | 005/1/   |
|------------|--|--|
| DAY 16     | e Month & Year (1/05, 46c.):   | 3710   |
| a. Mit Mi  | Same and and and   | -  |
|            |  | -  |
|            | (ESS MODME:  | \$ 3,403   |
| (1)        | Actual income from Sales & Service                                       | \$ 3/-103  |
| (2)        | Other (Specify)  | S  |
| (3)        | Other (Specify)  | 8  |
| (4)        | Total Actual Income (1+2+3)  | \$ 3,403   |
| ACTU       | al Business Expense Paid   |  |
| (5)        | RontLesse  | S  |
| (6)        | Utilities (Electricity, Gas, Water&Sower)                                | 2  |
| (7)        | Telephone  | S  |
|            | haviance   | 2  |
| (8)        | ,  | The second secon |
| (9)        | Wages for Employees  | \$ 800   |
| (10)       | Wages for Self/Owner(s)  | \$ 851   |
| (11)       | Taxes  | <u> </u>   |
| (12)       | Gas and Fuel for Business Vehicles                                       |  |
| (13)       | Other (Gancily) Advertising  | \$ 150   |
| (44)       | Other (Specify) Operations   | \$ 438   |
| (15)       | Other (Specify) Office Expense   | <u> </u>   |
| (16)       | Total Actual Expiners Expenses Paid C<br>(sum of 5 through 16)           | R S  |
| (17)       | Net Businese Income/Lose (line 4-Line 18)                                | 18 386   |
| (18)       | Net Weges From Regular Employment-Do                                     |  |
| (19)       | Net Wages From Regular Employment Sc                                     |  |
| (20)       | Amount Certied Over From Last Month                                      | Š  |
| (21)       | Total Not Monthly Income (sum of 17 th                                   | #  |
| PERSO      | DNAL.  |  |
| (22)       | Rent/Mortgage  | \$   |
| (23)       | Utilities (ggs, electric, water, sewer, fuel)                            | S  |
| (24)       | Telephone  | A second  |
| 25)        | Food   | *  |
| 26)        | Transportation (flue), tolls, parking)                                   | **************************************   |
| 27)        | Other (apacify)  | ***************************************  |
| 28)        | Other (specify)  | The second secon |
| Sire.      | Allerthan and the second of the  | *  |
| 30)<br>30) | Other (specify)  | -  |
| 31)        | Other (specify)  | 8  |
| 32)        | Total Actual Personal Expenses Peld (2)                                  |  |
| ier mie    | COME (LOSS)  | ,  |
| 33)        | Gross Excess Income (line 21 - line 32)                                  |  |
| 34)        | TOURS A WINDOWS AS UN VENT AND WAS                                       | 7  |
| 35)        | MONTHLY CHAPTER 13 PLAN PAYMENT<br>Net Excess Income (line 38 - line 34) |  |
| mer#       | carry ernount on line 35 to next month line 2                            | <b>3</b>   |
|            | very moven on my co to here moved the                                    | <u> </u>   |

Destar Name: Daniele Hargenrader

| Debte          | rhome: Daniele Hargenra  | de C   |
|----------------|--|--|
| Corn           | Mar.   | annual multi-su-   |
| Busin          | ess Name: Truc You Solution  | ns, LLC  |
| For th         | e Month & Year (100, etc.): 10   18  |  |
| 4 45           |  |  |
|                |  | -  |
| BUSH           | (ESS MCOME:  | * 2.21S  |
| (1)            | Actual Income from Sales & Service   | \$ 3,318   |
| (2)            | Other (Specify)  | 8  |
| (3)            | Other (Specify)  | \$   |
| (4)            | Total Actual Income (1+2+3)  | \$ 3,318   |
| AGTU           | AL BUBINESS EXPENSE PART   | •  |
| (5)            | RentLeuse  | \$   |
| <del>(6)</del> | Utilities (Electricity, Gas, Water&Sewer)  | \$   |
|                | Telephone  | S. Company of the Com |
| (7)            | insurance  | · · · · · · · · · · · · · · · · · · ·  |
| (8)            |  | *  |
| (9)            | Wages for Employees Wages for Self-Owner(s)  | ***************************************  |
| (10)           |  | \$ 350   |
| (11)           | Taxes Gas and Fuel for Business Vahista  | ***************************************  |
| (12)           |  | \$ 250   |
| (13)           | Ginar (Specify) Advertising  | \$ 467   |
| (14)           | Other (Specify) Operations   | \$ 82  |
| (15)           | Total Actual Business Expenses Paid  | * <del>***********************************</del>   |
| (16)           | (sum of 5 through 16)  |  |
|                | famili As a midridis sal   | .1   |
| (17)           | Net Business biolome/Loss (fine 4-Line 16  | s <sup>9</sup> (5)   |
| (18)           | Net Wages From Regular Employment-Di   | 48   |
| (19)           | Net Wages From Regular Employment-Si   | M.S.   |
| (20)           | Amount Corried Over From Last Month  | 8  |
| (21)           | Total Net Monthly Income (sum of 17 th   | 15   |
| PERS           | marai  | ,  |
| (22)           | Rent/Mortgage  | •  |
| (23)           | Utilities (ges, electric, water, sower, fuel)  |  |
| (24)           | Telephone  |  |
| (25)           | Food   |  |
| ėmas.          | Market and the State of the Sta | # # # # # # # # # # # # # # # # # # #  |
| (20)<br>(27)   | Other (Specify)  |  |
| (28)           | Other (specify)  | The state of the s |
| (29)           | Other (specify)  | Today was i  |
| (30)           | Officer (opically)   | <u></u>  |
| (31)           | Other (apacity)  |  |
| (32)           | Total Actual Personal Expenses Paid (2   | *  |
| (~e/           | s seen savoneit c. françoist culturisest 1.516 fg  |  |
| NET IN         | COME (LOSS)  |  |
| (33)           | Gross Excess Income films 21 - fine 321  | \$   |
| (34)           | MONTHLY CHAPTER 13 PLAN PAYMEN   | 15   |
| /36à           | Mail Property Income (flow 32 - Here 24)   |  |

oury amount on thre 35 to next month the 20

Daniele Hargenrader

Caso No:

| Bysin       | True You Soluti  |  |
|-------------|--|--|
| For the     | o Month & Year (1/05, 46t): 9/18   | \$   |
|             | ·  | •  |
|             |  |  |
| BUSN        | E88 HCOME:   | _  |
| (1)         | Actual Income from Sales & Service   | \$ 1,128   |
| (2)         | Other (Specify)  |  |
|             | Other (Specify)  | Ø  |
| (3)         | Total Actual Income (1+2+3)  | \$ 1,128   |
| (4)         | i colum substituti muscanta é s  | The same of the sa |
| A ALPEN II. | AL BUSINESS EXPENSE PAID   | !  |
|             |  | *  |
| (5)         | RentLease  |  |
| <b>(6</b> ) | Utilities (Electricity, Gas, Water&Sower)  |  |
| (7)         | Telephone  | · 8  |
| (6)         | ineuranco  | \$   |
| (9)         | Wages for Employees  | \$   |
| (10)        | Wages for Self/Owner(s)  | \$ 3,100   |
| (11)        | Taxes  | \$ 272   |
| (12)        | Gae and Fuel for Business Vehicles   | \$   |
| (13)        | Other (Speatly) Advertising  | \$ 180   |
| (14)        | Other (Specify) OPEYAtions   | \$ 400   |
| (15)        | Other (Specify) OFFICE Expense   | \$ 690   |
| (16)        | Total Actual Business Expenses Pold C  |  |
| · · · · ·   | (sum of 5 through 18)  |  |
|             |  |  |
| (17)        | Net Business Inclime/Loss (line 4-Line 18)   | -3,524   |
| (18)        | Net Wages From Regular Employment-De   | d S  |
| (19)        | Net Wages From Regular Employment Sp   | K.S.   |
| (20)        | Amount Cerried Over From Last Month  | \$   |
| (21)        | Total Net Monthly Income (sum of 17 th   | 13   |
|             |  |  |
| PERSC       | HAL.   | . '  |
| (22)        | Rant/Mortgage  | \$   |
| (23)        | Utilities (ggs; elsciric, water, sower, fuel)  | 8  |
| (24)        | Telephone  | The second secon |
| (26)        | Fide   | \$   |
| (26)        | Transportation (fixel, tolls, parking)   |  |
| (27)        | Other (apacity)  | \$   |
| (28)        | Other (apacity)  |  |
| (20)        | Other (aprically)  | •  |
| (30)        | Other (specify)  |  |
| 31)         | Office (aposity)   |  |
| 32)         | Total Actual Personal Expenses Paid (2)  | <u> </u>   |
| (Ami        | - som surrant s. eversuet Estherholds is the (5)   | The state of the s |
| ANT DE      | COME (LOSS)  | •  |
| 33)         | Giron France Supplies Man 60 , the series  |  |
| 34)         | Gross Excess Income (line 27 - time 32)  |  |
| 36)         | MONTHLY CHAPTER 13 PLAN PAYMENT<br>Hat Excess Income (Has 33 - Has 34)   | <b>2</b>   |
| -ay         | only amount on the 35 to next month the  | <b>*</b>   |
|             | THE PERSON OF THE PART PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY PROPERTY PROPERTY OF THE PARTY PROPERTY OF THE PARTY PROPERTY PROPERTY OF THE PARTY PROPERTY PROPER | G)   |

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# Document Page 19 of 19 MONTHLY FINANCIAL REPORT OF BUSINESS OFERATIONS

| Busin          | oca warner Truck Tool Date of the  | <u></u>  |
|----------------|--|--|
| For the        | e Mortili & Year (1/05, 6to.): \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | The state of the s |
|                |  | •  |
| BUSÍN          | ERS HOOME:   | 3,711  |
| (1)            | Actual Income from States & Service  | \$ 3, TII  |
| (2)            | Other (Specify)  | \$   |
| (3)            | Other (Specify)  |  |
| (4)            | Total Actual Income (1+2+2)  | <b>3</b> 3,71  |
| ACTL.          | al business expense paid   |  |
| _ ,            | RentAsase  | \$   |
| (5)            | (Jillian (Electricity, Gan, Water (Source))  |  |
| (6)            | Telephone  | S.   |
| (7)            |  | •  |
| <del>(8)</del> | insurance  |  |
| (9)            | Wages for Employees  | \$ 1,000   |
| (10)           | Wages for Self/Owner(s)  | 928  |
| (11)           | Texes  | <u> </u>   |
| (12)           | Gas and Fuel for Business Vehicles   | <u> </u>   |
| (13)           | Other (Specify) Advertising  | 150  |
| (14)           | Other (Specify) Operations   | 5 00<br>2,071  |
| (15)           | Other (Spenty) Office Expense  |  |
| (16)           | Total Actual Business Expenses Paid O  | The state of the s |
|                | (sum of 5 through 16)  | et .   |
|                | and the same of th | <u>•</u> -937  |
| (17)           | Net Business Income/Loss (Rive 4-Line 16)  |  |
| (18)           | Net Wages From Regular Employment-De   |  |
| (19)           | Net Wages From Reguler Employment Spo<br>Amount Cerried Over From Last Month   | · · · · · · · · · · · · · · · · · · ·  |
| (20)           | Total Not Monthly knooms (sum of 17 thr  | **************************************   |
| (24)           | latin san mound announ farm at 14 an   | 4  |
| PERA           | •  | , '  |
| (22)           | Rant/Mortgage  |  |
| (23)           | Littles (ges, electric, water, sewer, fuel)  | S. C. Commission of the Commis |
| (24)           | Telephone  |  |
| (25)           | Food   | Salara di Antonio di A   |
| (28)           | Transportation (fool, tolls, parking)  | <u> </u>   |
| (27)           | Other (apacity)  |  |
| (26)           | Other (specify)  |  |
| (29)           | Other (specify)  | - ALEXANDER OF THE STATE OF THE |
| (30)           | Other (epocity)  |  |
| (21)           | Other (apostly)  |  |
| (32)           | Total Actual Personel Expenses Paid (2):   | ACIDET STATE OF THE STATE OF TH |
| NET IN         | COME (LOSS)  | •  |
| (33)           | Gross Excess Income (line 2) - line 32i  |  |
| (34)           | MONTHLY CHAPTER 13 PLAN PAYMENT  |  |
|                |  | Control of the contro |

carry amount on thre 35 to next month line 20